

IPDR6702				NORTH CAROLINA			PAGE: 1	
RUN DATE: 11/17/2003				IPRS CHECKWRITE SUMMARY REPORT				
				CHECKWRITE DATE: 11/17/2003				
				FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404902	BLUE RIDGE COMM UNITY	8599	3830	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8932	158	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	310	4490	11269	6779
		191	138	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404905	TREND COMM MENT AL HLTH CTR	11	541	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	541	803	262
3404907	RUTHERFORD-POLK	8599	1746	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	427	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	776	2942	6723	3781
		8935	229	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404910	PATHWAYS	191	8	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		21	3	DUPLICATE OF CLAIM-SYSTEM	1	18	574	556
		8517	3	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404912	CATAWBA COUNTYM ENTAL HEALT	21	19	DUPLICATE OF CLAIM-SYSTEM				
		8632	2	SIX OCCURRENCES OF AMAO SERVIC ES HAVE PROCESSED AND PAID, PA IS REQUIRED FOR ADDITIONAL SER	1	22	317	295
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404913	MECKLENBURG COM ENTAL HEALT	8599	1547	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		120	1110	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	719	4088	10081	5993

		8935	609	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404916	CROSSROADS BEHA VIOAL HEAL	8599	377	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	54	DUPLICATE OF CLAIM-SYSTEM	24	611	8275	7664
		191	40	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404917	CENTERPOINT HUM AN SERVICES	8599	1510	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	235	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	303	2170	9336	7166
		120	162	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
							TOTAL	TOTAL
3404918	ROCKINGHAM CO M ENTAL HEALT	11	72	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	64	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	11	204	1673	1469
		5404	24	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404919	GUILFORD CO MEN TAL HEALTHC	8599	514	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	136	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	292	1251	12728	11477
		8935	127	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404920	ALAMANCE CASWEL L AREA MH D	8599	1413	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		537	444	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	334	2373	10940	8567
		8933	196	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404921	ORANGE PERSON C HATHAM AREA	5312	1079	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8599	85	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	29	1447	3391	1944
		11	78	CLIENT NOT ELIGIBLE ON SERVICE DATE				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404922	THE DURHAM CENT ER	21	6858	DUPLICATE OF CLAIM-SYSTEM				
		143	1449	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	0	9360	14587	5227
		8599	652	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	VGFW AREA AUTHO RITY	21	170	DUPLICATE OF CLAIM-SYSTEM				
		8599	83	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	8	316	2601	2284
		8505	17	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404924	PIEDMONT AREA M H/DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404925	SANDHILLS CENTE R FOR MH/DD	8505	895	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	333	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	138	1451	5118	3667
		8935	105	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404926	SOUTHEASTERN RE G MENTAL HL	11	201	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	162	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	80	746	4329	3562
		5404	76	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404927	CUMBERLAND CO M HC	8505	489	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	9	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	508	540	32
		8622	5	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404929	LEE HARNETT MH/ DD/SAS	21	143	DUPLICATE OF CLAIM-SYSTEM				
		8599	32	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	6	246	946	700
		11	29	CLIENT NOT ELIGIBLE ON SERVICE				

				DATE				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	8931	160	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
		8599	57	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	219	310	4425	4109
		8935	42	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OF	8599	377	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	187	DUPLICATE OF CLAIM-SYSTEM	167	1317	10444	9127
		8517	159	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404932	RANDOLPH/SANDHI LLS CO MH C	21	156	DUPLICATE OF CLAIM-SYSTEM				
		8599	94	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	152	516	4817	4301
		8935	70	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	339	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8931	77	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	99	659	3028	2369
		8599	62	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONslow COUNTY B EHAVIORAL H	8599	19	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5404	11	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	14	78	423	345
		8518	10	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8599	75	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	33	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	46	143	2292	2149

		8932	10	CMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404939	NEUSE MENTAL HE ALTH CENTER	8599	215	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	164	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	235	771	3147	2376
		167	93	NO CHARGE BILLED. ENTER BILLED AMOUNT AND SUBMIT DETAIL AS A NEW CLAIM				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	124	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		7007	30	EXCEEDS MAXIMUM UNITS ALLOWED PER MONTH(S)	14	220	1256	1036
		21	19	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA L HEALTH CE	21	68	DUPLICATE OF CLAIM-SYSTEM				
		8599	34	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	25	165	792	627
		191	23	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404944	EASTPOINTE HUMA N SERVICES	21	556	DUPLICATE OF CLAIM-SYSTEM				
		8599	73	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	88	818	1795	975
		8931	46	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404946	FOOTHILLS AREAM ENTAL HEALT	11	1231	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	6	ZERO EOB APPLIED	0	1238	2891	1653
		5404	1	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404957	TIDELAND MENTAL HEALTH CTR	8505	171	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	32	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	219	282	63
		11	16	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404959	DAVIDSON CO MEN TAL HLTH CT	0	0	*** NO DATA TO REPORT ***				

		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS
						FINALIZED	PAID
3404979	NEW RIVER AREAM	8000	11	NO RATE AVAILABLE ON FILE TO P			
	H/DD/SA PRO			RICE THIS CLAIM DETAIL			
		8931	10	AMTNC INELIGIBLE TO RECEIVE SE	10	33	936
				RVICES IN IPRS.			903
		8599	7	DETAIL NOT COVERED BY COMBINAT			
				ION OF RECIPIENT, PROVIDER AND			
				BENEFIT PACKAGE.			